

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-046911

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

6428

STATE FILE NUMBER

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

BY AFFIDAVIT OF
Robert M. Myers
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in lb 5-APR-1968	c. CITY OR TOWN KANSAS CITY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Trinity Lutheran Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 713 West 42nd St.
3. NAME OF DECEASED (Type or print) First David Middle - Last GRAF SR.		4. DATE OF DEATH Month December Day 17 Year 1962	
5. SEX MALE	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Feb-14-1883
9. AGE (last birthday) -79-		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) Kansas City Mo		10b. KIND OF BUSINESS OR INDUSTRY Water Department	11. BIRTHPLACE (City and state or country) Russia
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME HENRY GRAF	
13b. MOTHER'S MAIDEN NAME Julie BRAUER		14. NAME OF HUSBAND OR WIFE ANNA GRAF	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT ANNA GRAF		Address 713 West 42nd Kansas City, Mo	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HYPOSTATIC PNEU Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) INTEST OBSTRUCT & SURG. DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 24 HRS.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) UREMIA - ELECTROLYTE IMBALANCE		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION 15 Nov 62 to 17 Nov 62	
21. I attended the deceased from 15 Nov 62 to 17 Nov 62 and last saw him alive on 17 Nov 62		Death occurred at 10:15 P. m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Robert M. Myers M.D.		22b. ADDRESS 906 Grand Ave	
22c. DATE SIGNED 18 Dec 62		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
23b. DATE Dec-20-1962		23c. NAME OF CEMETERY OR CREMATORY Floral Hills Cem	
23d. LOCATION (City, town, or county) KANSAS CITY, MISSOURI		24. FUNERAL DIRECTOR Water, 1901 Olathe Blvd, Kansas City, Kan	
25. DATE RECD. BY LOCAL REG. 12-18-62		26. REGISTRAR'S SIGNATURE Ruth Long	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Paul R. Williamson

Licensed Embalmer No. 5009

P. O. Address Overland Park, Ks

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Robt Myers - V12-4751
Rialto Bldg. T-11 5-